

# CENTRAL OHIO E.M.S. TRAINING

## EMT APPLICATION

Start date of course you are applying for: \_\_\_\_\_

Class Type: Classroom  Web-Assisted Hybrid

NC State Student: Yes  No  Enrolling in COEMST CPR Course Yes  No

Department or Sponsor (if applicable) \_\_\_\_\_

State Certification # (If applicable) \_\_\_\_\_

Name \_\_\_\_\_ SSN: \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*\*\*Note: Students must have a Gmail address by the course start date. It is not required to have Gmail to submit this application.

**NOTE: Submit the following with this application;**

1. Copy of driver's license or State ID
2. Copy of **Healthcare Provider** level CPR card  
(Not required if enrolled in a Central Ohio EMS Training CPR Course)

3. Application fee of \$150.00\*\*\* **Independent students only**

Students can receive an emailed invoice to pay with credit/debit card. There is a 3% processing fee.

Mail Applications to:

Central Ohio EMS Training – 20 Industrial Drive, Suite F, Lexington, Ohio 44904

OR

Scan and Email Application to:

coemstraining@gmail.com

# CENTRAL OHIO E.M.S. TRAINING

## EMT APPLICATION

**An applicant for a certificate to practice as an EMT must meet the following requirements:**

- Shall be at least eighteen years of age;
- Shall have not been convicted of, pled guilty to, had a judicial finding of guilt for, or had a judicial finding of eligibility for treatment and/or intervention in lieu of conviction for, a felony, a misdemeanor committed in the course of practice, a misdemeanor involving moral turpitude, a violation of any federal, state, county, or municipal narcotics or controlled substance law, or any act committed in another state or jurisdiction that, if committed in Ohio, would constitute a violation set forth in this paragraph;
- Shall have not been adjudicated mentally incompetent by a court of law;
- Shall, at the time of application, not be under indictment for any felony or have any misdemeanor charges pending as outlined in paragraph (A)(6) of rule 4765-8-01;
- Shall have not have engaged in the illegal use or illegal acquisition of controlled substances, alcohol, or other habit-forming drugs or chemical substances while on duty as an EMS provider;
- Shall have not committed fraud or material deception in applying for, or obtaining a certificate issued under Chapter 4765 of the Revised Code;
- Shall have not been convicted, in this state or another state, of providing emergency medical services or representing himself/herself as an EMS provider without a license or certificate, or similar crime directly related to the profession of EMS; and
- Shall not currently have, or previously had their certification or license as an EMS provider in this state or another state placed on probationary status, or suspended or revoked by the board or EMS certifying or licensing entity in another state.

**I declare that the above statements are true. I understand that giving false information is punishable under the Ohio Revised Code 2921.13, falsification. I declare that I am not in violation of any of the above listed requirements for a certificate to practice. I certify that the information in this application and all the information which I have supplied to Central Ohio EMS Training in support of my application is correct, and I understand that misrepresentation, falsification or omission of material facts may be cause for rejection of my application or termination after acceptance.**

Student Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Students who are paying tuition independently are required to submit a \$150.00 registration / application fee with this application to be eligible to participate in the course. The fee will be applied to your total tuition.

\*\*The fee is non-refundable. \*\*\*Independent means you are not sponsored by a department or paying through a college.

**CENTRAL OHIO E.M.S. TRAINING  
EMT APPLICATION**

**This page is required if your tuition is being paid by a Fire Department or EMS Agency;**

**I verify that this applicant is an active member of the**

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**Fire Department / Agency**

**I approve this applicant's enrollment and our department/agency has agreed to pay the course tuition.**

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**Print Name of Authorizing Official**

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**Title**

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**Signature of Authorizing Official**

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**Date**

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**Contact Number**